

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-010240

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 002 Primary Registration District No. 5019 Registrar's No. 36

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rochester Township		c. CITY OR TOWN RFD # 4, Savannah	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 miles SE of Savannah		d. STREET ADDRESS (If outside, give location) 6 miles Southeast	
3. NAME OF DECEASED (Type or print) First Earl Middle Henry Last DeVault		4. DATE OF DEATH Month March Day 24 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-29-92
9. AGE (last birthday) 70		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	
11. BIRTHPLACE (City and state or country) Andrew County, Mo.		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME George DeVault		13b. MOTHER'S MAIDEN NAME Ida Wilson	
14. NAME OF HUSBAND OR WIFE Emma DeVault		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no	
16. SOCIAL SECURITY NO. 619		17. INFORMANT Mrs. Emma DeVault, Savannah, Mo.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic lymphatic Leukemia		INTERVAL BETWEEN ONSET AND DEATH 7 1/2 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Savannah, Missouri		COUNTY Andrew STATE Mo.	
21. 1 attended the deceased from 9-28-54 to 3-24-63 and last saw him alive on 3-22-63		Death occurred at 4:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Howard H. Long</i>		22b. ADDRESS Savannah, Missouri	
22c. DATE SIGNED 3-25-63		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 3-27-63		23c. NAME OF CEMETERY OR CREMATORY Long Branch Cemetery	
23d. LOCATION (City, town, or county) Andrew County, Mo.		24. FUNERAL DIRECTOR BREIT & HAWKINS	
ADDRESS SAVANNAH		25. DATE RECD. BY LOCAL REG. 3-26-1963	
26. REGISTRAR'S SIGNATURE <i>Barbara L. Williams</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James P. Hawkins

Licensed Embalmer No. 4531

P. O. Address Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.